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What's New in Pediatrics

Communicable Diseases

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CHEMOTHERAPEUTIC AGENTS

EACH new chemotherapeutic agent which makes its appearance on the medical horizon is welcomed eagerly. It is used many times, unfortunately, with careless abandon. All are double-edged swords, healing when correctly used, jeopardizing when misused. Information regarding toxic manifestations is available only after careful observations honestly recorded.

Penicillin, now the elder brother of the antibiotics, is used so widely that it is wise to be reminded that this relatively harmless, non-toxic agent does produce untoward reactions. These may be immediate or Herxheimer-like with shock and death, or they may be delayed, causing discomfort to both patient and physician. Frequently, allergic reactions are observed, namely, urticaria, laryngeal edema, fever, dermatitis exfoliativa, neuritis, exacerbations of epidermophytosis and epidermophytids, and dermatitis venenata, when the drug is used topically.

Streptomycin is one of the antibiotics which early was considered to be comparatively innocuous. Time and use have decided otherwise. Many reports of toxic reactions are appearing in the literature. The most constant untoward manifestation recorded is temporary or permanent impairment of the function of the eighth nerve. Fever, dermatitis, eosinophilia, pruritus, conjunctivitis, and local irritation at the site of injection have been noted singly or in combination in the use of this agent.

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Presented as part of a Panel Discussion on What's New in Pediatrics before the Section on Pediatrics at the 78th Annual Meeting of the California Medical Association, Los Angeles, May 8-11, 1949.

In the communicable disease unit of the Los Angeles County Hospital it has been noted, on many occasions, that when streptomycin is given intrathecally (in tuberculous and influenzal meningitis) patients develop an immediate shock-like picture with cyanosis, rapid pulse, coma, opisthotonos, within a few minutes after administration. This has occurred sufficiently often to cause serious consideration of abandoning intraspinal use of streptomycin in influenzal meningitis.

Beham² and associates (New York) reported three cases of painful, erosive, membranous stomatitis involving the entire oral mucous membrane as well as the undersurface of the tongue. When the drug was discontinued the lesions disappeared in 14 days. Retreatment caused a rapid appearance of the lesions.

Hunnicut⁷ and associates reported a fatal case of toxic encephalitis caused by streptomycin. McCullough¹³ and co-workers, in the treatment of brucellosis with the combined use of sulfadiazine and streptomycin, report two cases of severe encephalopathies. These occurred within a few hours after the first dose of streptomycin. They feel that the toxic effects on the nervous system have been frequent enough, when the two drugs are used in combination, to warrant considering the possibility that the combined use of the drugs increases both toxicity and clinical effectiveness. They recommend that such treatment be reserved for the seriously ill. (Toxic dermatitis develops in physicians and nurses handling this drug constantly.)

Aureomycin is one of the newer antibiotics derived from a strain of *Streptomyces aureofaciens*. It is a crystalline hydrochloride salt soluble in distilled water, less soluble in isotonic saline solutions. These

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EDITORIALS

The World Medical Association

Observers of international medical practice and students of medical economics have noted with considerable pleasure the operations of the World Medical Association. Formed in 1947, the W.M.A. consists of the national medical associations in 40 countries and expects to reach a total membership of 60 countries through new admissions.

Here is a truly professional organization of physicians, unlike the World Health Organization and UNESCO, which are supported by government funds as parts of the United Nations. The World Medical Association is supported by contributions from the medical associations in the various member nations and from individual physicians and allied organizations and other groups in these countries. It receives no governmental support and has no governmental or political strings attached to its activities and pronouncements.

Best assay of the World Medical Association comes in its own statement of its objectives, which are listed as:

1. To promote closer ties among national medical associations and doctors.
2. To maintain the honor and protect the interests of the medical profession.
3. To study and report on professional problems.
4. To organize an exchange of information on matters of interest to the medical profession.
5. To present the world medical opinion to W.H.O. and UNESCO.
6. To assist all people of the world to attain the highest possible level of health.
7. To promote world peace.

In pursuit of these objectives, the World Medical Association has instituted several studies which are now under way. These cover such subjects as the status of the medical profession of the world, the status of world medical education, postgraduate medical education and specialist training, medical advertising and nostrums, a survey of cult practice and an international code of medical ethics. These are the studies which can best be carried on by the doctors themselves, not by governmental representatives in W.H.O., who are primarily interested in public health matters. Perhaps the most significant of W.M.A.'s studies is a continuing review and summary of social security developments throughout the world with particular reference to plans of medical care.

As a young organization, W.M.A. has attracted an unusually high degree of interest and attention. Part of this springs, no doubt, from the broad fields of endeavor hinted at in the list of studies under way; possibly an even larger part comes from the very nature of the organization itself, an international federation of physicians and their own national societies. For the first time, the practicing physicians of the world can meet in an organization of their own, free of political domination, to discuss and seek solutions to international problems of mutual interest.

The American Medical Association has played an active part in the development of W.M.A. and has been honored by the election of Dr. Louis A. Bauer of New York as secretary of the association. In turn, California has been honored by the appointment of Dr. John W. Cline as one of the A.M.A. delegates

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NOTICES AND REPORTS

Public Funds for Hospital Construction

Within the past few years both federal and state "gifts" have become available for the construction of hospital facilities. Conditions are attached to the receipt of such funds, and legal restrictions are applicable in the granting and use of this type of public subsidy.

The California Medical Association deems it advisable to review the subject of federal or state funds for hospital construction and to express certain principles which the Association submits should be observed by any organization or body considering the *use* of such funds for the construction of hospital facilities.

The following facts in regard to federal and state funds are applicable at this time, and it is upon these facts that the principles enunciated herein are based.

1. Federal funds for the 1950-1951 fiscal year available for California hospitals amount to about \$5,000,000.

2. State funds available for the 1949-1950 fiscal year amount to \$2,000,000. Under state law this amount may be raised to match federal funds.

3. Federal funds are allocated only after approval of the hospital construction project by the California State Department of Public Health; these funds are available to state, county, municipal or voluntary (non-profit) hospitals.

4. State funds are available only to state, county or district hospitals; a state constitutional provision prohibits the allocation of such state funds to any private institution.

5. Federal funds are available only to those hospitals whose applications have been approved by the State Department of Public Health, in accordance with a master hospital plan developed by that department for the entire state and in accordance with other regulations established for the screening of applications for funds.

6. Applications already received by the State Department of Public Health total about \$100,000,000. This sum indicates that a long waiting period lies ahead of any successful applicant for state and/or federal funds in view of approximately \$7,000,000 present annual total available.

7. The allocation of federal funds carries with it the observance of various restrictions, including construction requirements, availability of hospital facilities for all classes of people, and others.

8. The use of state and/or federal funds immediately opens the door to substandard practitioners who claim that the public funds allocated to the hospital constitute a public trust and who demand that they be admitted to the staff of the hospital, regardless of professional status or skill.

9. Opening of hospital staffs to substandard practitioners makes it impossible for such hospitals to maintain recognized internships, residencies or nursing schools. The lack of these services deprives the patient of the best possible care.

10. In the case of "district hospitals" the observance of state legislation relative to professional staff appointments is required. Such legislation now permits practitioners other than licensed doctors of medicine to serve on staffs of "district hospitals." Additional legislation providing an even broader basis of staff membership could be adopted at any future legislative session. In some areas, due to small or scattered population or other definite factors, resort to the "district" method of ownership may be necessary.

In view of these elements, the California Medical Association, acting through its Council, asserts its belief in the following principles, which are offered as a guide to physicians and